

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-019855

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

137

Primary Registration District No.

3023

Registrar's No.

147

FILED MAY 20 1963

1. PLACE OF DEATH

a. COUNTY Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Clinton

Length of stay in 1b
Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Henry

c. CITY OR TOWN Clinton

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

521 E. Lincoln St.

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
521 E. Lincoln St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
ROSA BELLE KLINE

4. DATE OF DEATH
Month Day Year
May 13, 1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
3/14/73

9. AGE (last birthday)
90

IF UNDER 1 YEAR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
At home

10b. KIND OF BUSINESS OR INDUSTRY
None

11. BIRTHPLACE (City and state or country)
Clinton, Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

John Sprank

13b. MOTHER'S MAIDEN NAME

Clara Matratt

14. NAME OF HUSBAND OR WIFE
Deceased Daniel Seeley Kline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

16. SOCIAL SECURITY NO.

17. INFORMANT
Mrs. Alma Hulbert, Clinton, Mo. Address (daughter)

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Medullary Paralysis

INTERVAL BETWEEN ONSET AND DEATH
Minutes

DUE TO (b)

Uremia

3 Days

DUE TO (c)

Cerebrovascular Thrombosis

10 Days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Semility

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-15-59 to 5-13-63 and last saw her alive on 5-13-63

Death occurred at 8:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Clinton P. Glaspy

(Degree or title)

22b. ADDRESS

Clinton, Mo.

22c. DATE SIGNED

5/13/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

May 15, 63

23c. NAME OF CEMETERY OR CREMATORY

Englewood

23d. LOCATION (City, town, or county)

Clinton, Missouri

24. FUNERAL DIRECTOR

Consalus

Clinton, Missouri

25. DATE RECD. BY LOCAL REG.

MAY 14-1963

26. REGISTRAR'S SIGNATURE

Mildred Bigums

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10425

20425

3

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9332X

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Eugene R. Consalvo

Licensed Embalmer No.

4680

P. O. Address

Clinton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Obtained

5-14-68

(MO)